

County: Chippewa
 LAKESIDE NURSING & REHABILITATION
 7490 156TH STREET

Facility ID: 2140

Page 1

CHIPPEWA FALLS 54729 Phone: (715) 723-9341
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/03): 336
 Total Licensed Bed Capacity (12/31/03): 336
 Number of Residents on 12/31/03: 321

Ownership: Corporation
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 325

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		20.2
Supp. Home Care-Personal Care	No					1 - 4 Years		38.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.6	Under 65	19.0	More Than 4 Years		21.8
Day Services	Yes	Mental Illness (Org./Psy)	8.4	65 - 74	16.8			-----
Respite Care	Yes	Mental Illness (Other)	5.0	75 - 84	31.2			80.4
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.3	85 - 94	28.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.6	95 & Over	4.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.2		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	4.0		100.0	(12/31/03)		
Other Meals	Yes	Cardiovascular	4.4	65 & Over	81.0	-----		
Transportation	Yes	Cerebrovascular	3.7	-----		RNs		12.0
Referral Service	Yes	Diabetes	1.6	Gender	%	LPNs		7.6
Other Services	No	Respiratory	8.7	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	61.4	Male	43.9	Aides, & Orderlies		
Mentally Ill	No		-----	Female	56.1			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	9	4.2	132	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	9	2.8	
Skilled Care	50	96.2	241	140	65.1	113	12	92.3	176	37	92.5	153	0	0.0	0	1	100.0	250	240	74.8	
Intermediate	---	---	---	55	25.6	95	0	0.0	0	3	7.5	171	0	0.0	0	0	0.0	0	58	18.1	
Limited Care	---	---	---	2	0.9	83	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	0.6	
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	2	3.8	241	9	4.2	400	1	7.7	400	0	0.0	0	0	0.0	0	0	0.0	0	12	3.7	
Total	52	100.0		215	100.0		13	100.0		40	100.0		0	0.0		1	100.0		321	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	13.2	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	1.6	64.5	34.0	321
Other Nursing Homes	4.6	Dressing	12.5	68.8	18.7	321
Acute Care Hospitals	81.4	Transferring	27.7	53.3	19.0	321
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	19.9	54.2	25.9	321
Rehabilitation Hospitals	0.0	Eating	40.5	46.7	12.8	321
Other Locations	0.8	*****				
Total Number of Admissions	517	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	7.2	Receiving Respiratory Care		11.2
Private Home/No Home Health	51.2	Occ/Freq. Incontinent of Bladder	48.3	Receiving Tracheostomy Care		2.2
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	35.5	Receiving Suctioning		2.2
Other Nursing Homes	9.3			Receiving Ostomy Care		1.6
Acute Care Hospitals	13.9	Mobility		Receiving Tube Feeding		3.4
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	21.2	Receiving Mechanically Altered Diets		8.4
Rehabilitation Hospitals	0.0					
Other Locations	3.5	Skin Care		Other Resident Characteristics		
Deaths	22.2	With Pressure Sores	11.5	Have Advance Directives		27.7
Total Number of Discharges (Including Deaths)	518	With Rashes	6.2	Medications		
				Receiving Psychoactive Drugs		77.9

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 200+ Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.7	86.2	1.12	95.6	1.01	88.1	1.10	87.4	1.11
Current Residents from In-County	53.0	78.5	0.67	82.0	0.65	82.1	0.64	76.7	0.69
Admissions from In-County, Still Residing	13.0	17.5	0.74	24.4	0.53	20.1	0.64	19.6	0.66
Admissions/Average Daily Census	159.1	195.4	0.81	101.2	1.57	155.7	1.02	141.3	1.13
Discharges/Average Daily Census	159.4	193.0	0.83	102.6	1.55	155.1	1.03	142.5	1.12
Discharges To Private Residence/Average Daily Census	81.5	87.0	0.94	45.6	1.79	68.7	1.19	61.6	1.32
Residents Receiving Skilled Care	77.6	94.4	0.82	87.0	0.89	94.0	0.83	88.1	0.88
Residents Aged 65 and Older	81.0	92.3	0.88	85.3	0.95	92.0	0.88	87.8	0.92
Title 19 (Medicaid) Funded Residents	67.0	60.6	1.11	71.8	0.93	61.7	1.09	65.9	1.02
Private Pay Funded Residents	12.5	20.9	0.60	17.8	0.70	23.7	0.53	21.0	0.59
Developmentally Disabled Residents	0.6	0.8	0.78	2.4	0.26	1.1	0.56	6.5	0.10
Mentally Ill Residents	13.4	28.7	0.47	40.0	0.34	35.8	0.37	33.6	0.40
General Medical Service Residents	61.4	24.5	2.51	31.6	1.94	23.1	2.65	20.6	2.99
Impaired ADL (Mean)	50.9	49.1	1.04	49.8	1.02	49.5	1.03	49.4	1.03
Psychological Problems	77.9	54.2	1.44	69.7	1.12	58.2	1.34	57.4	1.36
Nursing Care Required (Mean)	5.8	6.8	0.86	6.7	0.88	6.9	0.85	7.3	0.80